Office of State Buildings

Welcome Center/Galvez Parking Garage Validation Form

To Be Completed by Requestor

Name of Garage Parked In ☐ Galvez Garage ☐ Welcome Center Garage

Building Visited _____ Floor No. _____

Requestor Name (Printed)		
Agency\Company Name		
Tel No. (T) / Cell No. (C)	T	C
Name of Person Visited		
Name of Agency Visited		

Purpose of Visit

Requestor's Signature: _____ Date: _____

❖❖ *NOTE: ALL THE ABOVE FIELDS __MUST__ BE COMPLETED TO OBTAIN FREE PARKING* ❖❖

To Be Completed by Authorized Validator

Authorized Validator Name	
Authorized Validator Signature	
Date of Authorization	
Time of Authorization	

Authorized Validator's Remarks